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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/005,465	
	Filing Date	December 3, 2001	
	First Named Inventor	WANG, XUEFENG	
	Group Art Unit	1614	
	Examiner Name	FAY, ZOHREH A.	
Total Number of Pages in This Submission	2	Attorney Docket Number	SMAR-019

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Documents <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return receipt postcard
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Signing Attorney/Agent (Reg. No.)	BRET E. FIELD, 37.620 BOZICEVIC, FIELD & FRANCIS LLP
Signature	
Date	April 25, 2003

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: April 25, 2003.		
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Typed or Printed Name	Donna Macedo	
Signature: <i>D. Macedo</i>	Date: <i>4/25/02</i>	
RESPONSE TO RESTRICTION REQUIREMENT Address to: Commissioner for Patents Washington, D.C. 20231	Attorney Docket	SMAR-019
	First Named Inventor	Xuefeng Wang et al.
	Application Number	10/005,465
	Filing Date	December 3, 2001
	Group Art Unit	1614
	Examiner Name	Z. Fay
Title: COPPER CHELATORS FOR TREATING OCULAR INFLAMMATION		

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Sir:

This is in response to the Restriction Requirement dated March 25, 2003. The Examiner therein required election of one of the following groups of claims:

- Group I: Claims 1-28, drawn to a method of treating ocular inflammation using a copper chelator;
 Group II: Claims 29-33, drawn to a composition adapted for ocular information.

Applicants hereby elect to prosecute the claims of Group I, claims 1-28, with traverse.

Applicants expressly reserve the right under 35 USC §121 to file a divisional application directed to the non-elected subject matter during the pendency of this application.

The Commissioner is hereby authorized to charge any fees under 37 C.F.R. §§ 1.16 and 1.17 which may be required by this paper, or to credit any overpayment, to Deposit Account No. 50-0815.

Respectfully submitted,
 BOZICEVIC, FIELD & FRANCIS LLP

Date: April 25, 2003

By: *[Signature]*

Bret Field
 Registration No. 37,620

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